1	STATE OF MARYLAND	0.0	1 5 2
/ 1-	FOR DEPARTMENT OF HEALTH AND MENTAL HY STATE AMERICAL EX AMADERIC CERTIFICATE OF	DEATH	1 3 4
10	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF CEASED NAME FIRST MIDDLE LAST	KEG. NO.	
	PE OR PRINT)	24. DATE KNOWN A MORE OF ESTI- DEATH MATED 8	
	hue y Barkley		- 17 17 -
3. SE	MONTH SALVERS	4 HRS. 2c. DATE MON MIN PRONOUNCED	26 (1
E	emale NP9VA 3 1 94 85 VRS.	DEAD '	21 19 79 21
7a. E	IRTHPLACE (STATE OF DEVELOPMENT) 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH
2	Va. MSA WIDOWED → DIVORCEI	Dorche	stev
10.0	ITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	120. USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE)	ORK 12b. KIND OF BUSINES OR INDUSTRY
1C	embridge 1 705 starlett Cucle	Domesfic	
USU 13e	AL RESIDENCE (IF IN NORSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136. COUNTY 136. CITY OR TOWN 136 INSIDE (ITY LIMITS?	13e. STREET ADDRESS	
2	Md Talbot shorwood, YES NO	PD. BOX	43
14. F	ATHER'S NAME 15. MOTHER'S MAIDEN		
6	FIRST FIRST FIRST	111/1/	LAST
160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS	
4	(ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218/6-9893 WILL	rod Brace	
F	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	Abit abach	APPROXIMATE INTERV
	PARTIDEATH WAS CAUSED BY		BETWEEN ONSET AND D
	429 2 IMMEDIATE CAUSE (a) Congestive Heart failure		
	Conditions if any which		Severa
	gave rise to immediate couse (o) stoting the under-		Yr
	lying couse last.		
	(c)		
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	1 (a).	
MEDICAL CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?		20. AUTOPSY?
2 €	THE CONDITION WHICH OPERATION WAS PERFORMED!		
- 5	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW IN JURY OCCURRED	LENTER NATURE OF INJURY IN ITEM 18 PART 1	YES NO
	UNDERLYING OR HOUR A.M. MONTH DAY YEAR	(ENTER MATURE OF INJURY IN TIEM THE PART TO	OR PART 2)
1 5	CONTRIBUTING CAUSE OF DEATH P.M. 19		
MEC	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21I. LOCATION STREET STREET)	. CITY OR TOWN	COUNTY \$1
	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET STREET		
4	22a. I certify that I taak charge of the remains described above, held on Autopsy . Inspection	Inquiry K, and in m	ny opinion
	deoth resulted from: Notural couses , Accident , Suicide , Hamicide	Undetermined monner .	
	TITLE (SPECIFY)		
	SIGNATURE SAME DEPUTY	MEDICAL EXAMINER SI	ATE 8/211/7
1		MEDICAL EXAMINER SI	GNEU VI LAV
4	EXAMINET STAME John Mace Jr. M.D.	Cambridge, Md.	
73a.	JURIAL, CREMATION, REMOVAL 23b. DATE / 23c, NAME OF CEMETERY OR CREMATORY	1234 LOCATION	
	8/25/79 Showwood	al	TA MA
24.	UNERAL DIRECTOR 256. DATE RE	EC'D, BY REGISTRAR 25h, REGISTRA	
	NAME ADDRESS ADDRESS	0	6 0

25 × 03-41 5 Congestive Heart Sailure-Off. and the second

J. William Lee's Sons Co 300-4th St.N.E. Wash.D

FOR

- STATE

I. DECEASED NAME

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENIN

CERTIFICATE OF DEATH

REG. NO

MONTH

2b HOUR

545

HOURS.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

22c. DATE SIGNED

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE

STATE

CAYS

IF UNDER 24 HRS

20 DATE OF DEATH

1 2 1 0 1 3 1				
		. Beach	rrgeret J	M
71	Ler 11,1907	e over	tidu	remele
Dorchester	X III	ASU ASU	ក្សា ដោ	.ontress, Vin
Retiredor eggeng. y St te	Hospitel	chester Geleral	Der	Combridge
502 Highland Orive	X	Ed ;cwater	rundel	1d. Inne
Groves "Wigevater, Md. 2105 Smith -deu hter 502 H hlord Dr	Jeanette Shirley V.	l'arders 577-09-9609	li•ne	illian II•
	ine part	an sapaning		

Jurial 5-15-79 Cedar Hill Cemetery Suitland, 16.
20002
J. illium Lee's Sons Co 300-4th St.M.S. mash.D.C.

				STATE OF MARYLAN			
	1-	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND M CERTIFICATE OF DE	ATH	2 0 REG. NO.	154
7 4		CEASED NAME FIRST ROSE	A.	Bosse	20. DATE OF DE	OS 30	49 11:50 PM
rector, po un after o	3 SE	female.	Caucasian	5. DATE OF BIRTH	6 AGE (IN YEARS	84 YRS MON	
of Sec.	C	New gersey	W.S.a.	MARRIED NEVER M.	ORCED DO	city or county of chester	DEATH MD.
by the I	0	Ambridge	Dorchester	General Ho		MOST OF WORKING LIFE)	12b KIND OF BUSINESS OR INDUSTRY
rin 24 hou y filled in hould be	130 5	AL RESIDENCE (IF NURSING HOME OR OTATE 13b COUNTARY AND DURCH	TY , 13c CITY OR T	own 13d Inside CIT	NO 1 405 41	ght Stree	+
completely I and 2 sh		goseph		owski Ca	therine	ADDRESS) ojciskowski
be executor and crist. Pages	160 V	vas déceased ever in u.s. ara ves, no or unknown) (if yes, give No	war or dates)	4 -9949 Susan	Stewart, 8 Hi		e, 21228
equires that the death certificate in signed by the attending physics. Then please remove carbon paper to burial, cremotion, or removal. injury, or other traumatic event, the	NOI	Conditions, if ony, which gave rise to immediate cause (a) stating the underlying cause last	DUE TO, OR AS A CONSE	DIFFERENTIA OUENCE OF	TEO CARUNEMA	OF STOMPLH	2 MONTHS 2 MONTHS
e hos beer sit permit. Siene prior hows any i	CERTIFICATION	19a date of operation		ICH OPERATION WAS PERFOR	YES 🗀 NO	IN CERTIFYIN	und lunged
ding physicia is certificate H burial-transit Mental Hygie or Hem 18 sha	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY	DAY YEAR 19 211 LOCATION	URY OCCURRED (ENTER NATURE	OF INJURY IN ITEM 18, PART 1	OR PART 2)
ond wed of	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	ICE, EARM, EYC.) STREET	10 79 to AUG		COUNTY STATE
prtol TOR for us of He 21 is		22a L certify-that (this haspite saw the deceased alive and above, (1) (we) (did) (did not 22b. SIGNATURE	AVG 30		our) apinian death accurred ar		
RAL DIREC detached tate Dept.	(Navis (Stoech	De MD AT	TENDING MEDICAL HYSICIAN DIRECTOR 1	STAFF PHYSICIAN []	8/31/79
or HOSPITAL OF HOSPITAL OF FOUNERAL DI Should be defoch with the Stote De IMPORTANT: If It		David B. Stoe	ckle, M.D.		ester General		Cambridge,Md.
	230. E	BURIAL, CREMATION, REMOVAL	The second second	31. NAME OF CEMETERY OR CE	CITY OR TO	VN COU	UNTY STATE
3P		Burial	09-04-79	Loudon Park		nore City	Maryland
16 60M 1/75 A 15 (4))		JNERAL DIRECTOR	ADDRESS		250. DATE REC'D. BY REGIS	C RECESTRAR	15 SIGNATURE
n (0 (4))	Hu	ibbard Funeral H	lome, Inc., 410)/ Wilkens Ave.	SEP 4 197	9 / /	,,, -over

Le Cs CX c c BANKS LEVEL TELL BY VANDER AS IN E. All the filter and a furniture of the control of th

		1.	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND FMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIÁNE 9 2 0	1 5 5
	e A		CEASED NAME FIRST	MIDDLE	Bryan	20. DATE OF DEATH MONTH DA	2-19 845 PM
	age 4 may	3. SE	temale	white.	5. DATE OF BIRTH MONTH DAY YEAR 11 - 26-1894	65 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN
9	deoth. Pc	2	RTHPLACE ISTATE OR FOREIGN PUNITY)	U.SA	MARRIED NEVER MARRIED MIDOWED DIVORCED	Dorcheste	ec MD
21201	burs offer in by the effect with	C	ITY OR TOWN OF DEATH IMbridge AL RESIDENCE HENURSING HOME	UF NOT IN SUCH FACILITY, GIVE STREET	Jursing Itemse	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
LAND 21	in 24 ho should be should b	130 N	STATE 136 COU	TY CITY OR TO		31 Gendum	Ave.
E, MARYLAND	complete		PIRST VAS DECEASED EVER IN U.S. AF	MIDDLE LAST RMED FORCES? 166 SOCIAL SEC	FIRST	MIDDLE	LAST
BALTIMORE,	n and Poges			(F WAR OR DATES)	-5202 Glasgas	W.H. Carobi	idae, ma.
301 W. PRESTON ST., BA	es that the death certificate bed by the ottending physicio please remove carbon papers urial, cremation, or removal.		PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	PULMONIAM APR UENCE OF UENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	sign hen to b	NOL	BREAST CI	ANCER CHEOI		N SYNDROME	
TAL RECO	The low rection. e hos been sit permit. I giene prior hows ony it	CERTIFICATION	190. DATE OF OPERATION		H OPERATION WAS PERFORMED	YES NO YES	
DIVISION OF VITAL RECORDS,	G PHYSICIAN: The strending physicion for this certificate has the buriol-transit fond Mental Hygier ked or them 18 sha	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE IN ETIMER, NOTEY MEDICAL EXAMINER 21d. INJURY OCCURRED ATWORK NOT WHILE ATWORK NATWORK	ATH HOUR A.M. MONTH	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18, PAI	COUNTY STATE
ā	OR ATTENDING P he hospital or other DIRECTOR. After the oched for use as the Dept. of Health and If them 21 is morked		22a.1 certify that (I) (this heap saw the deceased alive as	attended the deceased fram	29, and that in (my) our) opinion DEGREE	death occurred of the date and hour	9
	O HOSPITAL O		22d. PHYSICIAN'S NAME ITYPE C	DRPRINT) BERT L. FIER	M ATTENDING PHYSICIAN 270 ADDRESS 4 ND 6 AURON	MEDICAL STAFF DIRECTOR PHYSICIAN (1)	8/12/79 B M21613
	D = 5 + 3 ₹	23o I	BURIAL CREMATION REMOVAL	23h DATE 23c	NAME OF CEMETERY OF CREMATORY	123d LOCATION	

23E NAME OF CEMETERY OR CREMATORY

DHMH-16 60M 1/73

230. BURIAL, CREMATION, REMOVAL Cremation

(VR A 15 (4))

Delmarva Creamatory, Lewes 24 FUNERAL DIRECTOR

23b. DATE

D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY

STATE

236 LOCATION

Commission | Mac. 13, 1972 | Palentra Crosma Smy, Deven, 1 | Mar. 15 | 1011

	1			STATE OF MARYLAND		a sma
	1	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIFFE 9 2 0	1 5 6
	I. D	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
* (Not)	(TYI	e OR PRINTI	A	Buse	8/24/79	2A M
1 (TTO)	3. SI	X 0 4.	RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
5 9 0		Female	White	12 13 90	88 YRS.	
P 6 9		BIRTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY	? 8. MARRIED [] NEVER MARRIED []	9 BALTIMORE CITY OR COUNT	Y OF DEATH
nero nero	-	Missississis	USA	WIDOWED DIVORCED	Dorchest	EN MD.
with with	10.0	TITY OR TOWN OF CEATH	. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR IFE) INDUSTRY
of the soft		Cambridge	Cambridge,	House Klusing Conte	House unte	, 11003161
hour be f	USU	JAL RESIDENCE (IF NURSING HOME OR OF STATE 136 COUNTY			13e. STREET ADDRESS	
524 h		nauland Dorch	1 -4- 1	udae YES NO [801 Hambre	rake Block.
tely 2 sho		ATHER'S NAME		15. MOTHER'S MAIDEN NA	AME	7770
and and a		FIRST MIC	DLE	Mary.	MIDDLE Hei	de la tar
corte		WAS DECEASED EVER IN U.S. ARMI		7	ADDRESS	- Cuacon
Poge medi		(YES, NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATES) 458-9	6-5250 me unles	l. 'U.	
he b	-				s price u	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ficote pape novol.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY:	0/1 10/1	X Inuc	BETWEEN ONSET AND DEATH
ng p bon rem	-	IMMEDIATE	CAUSE (0)		Town	1 minutes
oth on, or mati		1750	DUE TO, OR AS A CONSEQU	VENCE OF DITE A TO	ac Or Des	
move sorio		Conditions, if ony, which gave rise to immediate	(b) 90	acuty 1100	my convery	
by the	3	couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	UENCE OF		
or local			(c)			
equires n signe Then p r to bur injury,	z	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GI	VEN IN PART 1(0)
0 + 0 >	CERTIFICATION	19a DATE OF OPERATION	106 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	ES, WERE FINDINGS USED
	E S	THE DATE OF OFERATION	The condition on the	TO ENAMED TO A TENT OWNED	, IN CERT	IFYING CAUSES OF DEATH?
Sh gg te	ER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	111 HOW IN IURY OCCUR	YES NO Y	ES NO
Add to to to		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR	The female of the service of	The second secon
HYSIC.	DICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	21f. LOCATION		
PH + th	MEDI	WHILE IT NOT WHILE IT	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
T off ost lith o		AT WORK AT WORK		9 1 1	A 24	79
Olo Olo OR: Use Heo		22a. I certify that (I) (this haspital sow the deceased alive on	attended the deceased from		death occurred on the date and ha	, 19, that (I) (we) last
ATTI Ospitt SECTO d fo d fo m 21		obove, (I) (we) (did) (did not)	view the body ofter death.		deoth occurred on the dote ond no	
OR he ache		226. SIGNATURE	10.00	DEGREE	MEDICAL STAFF	224. DATE SIGNED
		Causence	Maryann	PHYSICIAN [DIRECTOR PHYSICIAN	812417
HOSPITAL ined by the ELINERAL wid be det h the State		22d) PHYSICIAN'S NAME (TYPE OR PI	RINT) 1/2	220. ADDRESS 6/U	Race St.	= 11 12
retoined by to ELIMERAL should be deliwith the State		T3 Whence	Maryanoi	M) Cams	ridge, MN	2/6/5
Fo 4233	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP		Burial	8-25-79 E	.NewMarketCemete		et, Dor. Md.
DHMH - 16 50M 7/77	24	FUMBRAL DIRECTOR	ADDRESS (nontrude Sod 250. DA	TE REC'D BY REGISTRAR 34 REGIS	TRAP'S SIGNATURE Crandy
(VR A 15 (4))	0	nomos Juneval	Home me	821613	אטם איז וטוט	

CONTRACTOR OF THE PROPERTY OF THE PERSON OF Duran Paraller C. S. L. E. X. L. S. L. S. Daniel D. Daniel Highest Constant work at the selection of the service, box . Mr.

11									E OF MARYLAND		45 1	gue my
9			1.	FOR STATE REGISTRAR					EALTH AND MENTAL HYO	REG. NO.	0 1	5 /
				CEASED NAME	FIRST		MIDDLE		AST		ONTH DAY YE	EAR 26 HOUR
	1		-7	1	BETH		C	au	~pbell	llug. 15	,1970	1 7:40%
	(M)	1,	3. SE	F	4 RAC	W		5. DATE C	1º2 04	6 AGE (IN FEARS LAST BIRTHE		DAYS HOURS MIN
	2 28	4//	70, BI	RTHPLACE STATE OF FO		IZEN OF	WHAT COUNTRY?	AAA DDIE	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEA	тн
	eeth nero	70		elaware	I	J.S.	A.	WIDOWE		Dorche	ster	MD.
	with	ied	10. C	TY OR TOWN OF DEA	a cir.		HOSPITAL, NURSING		OR OTHER INSTITUTION	12g USUAL OCCUPATIO	N 12b. KI	IND OF BUSINESS OR
5	s offi by th	35		mobul	102		rn Shore		spital	Housewif		None
212	e = 0	Ser Con	USU.	AL RESIDENCE (IF NURS	ING HOME OF OTHER IN	NOTUTION	I, GIVE RESIDENCE BEFORE A	DMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
S	24 h filled ould b	1	, , ,	Md.	Caroli	ne	Denton		YES NO W	Garland	p.d	
YLA	ithin tely 2 sh	ine /	14 FA	THER'S NAME					15. MOTHER'S MAIDEN NA	ME		
AA	d w	exolu		Alfred	Mole		LAST		FIRST	nie Hutson		LAST
E,	d com	0		VAS DECEASED EVER	IN U.S. ARMED FO	ORCES?	166 SOCIAL SECURI	TY NO.	17 INFORMANT	ADDRES	S	
WO	e exec	medic	((IF YES, GIVE WAR OR	DATES)			Managanat	Damba II		
IT	0 0 5	the		no	H.C.A 6		tied to the second	21 6	Margaret	bartz H	endersor	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
80	ificate physic npape naval.	ent,		PART I. DEATH W			Car of	ic	e tai	luve	BET	WEEN ONSET AND DEATH
IST	ng p ban	cev		596 h	IMMEDIATE CAU	SE (0)	2		1	-	-	,
0	endi	mati		9170		JE TO, 9	CONSTONEN	SPOR	ged a	meleus	len	5
RES	nove office	fron		Conditions, if any,		(b)	5 f		0	, ,		0 1
W. P	hat the by the ase rer I, crem	other		couse (o), statin	g the DL	JE TO, O	MSEQUEN	CROE	e Ceru	very for	et w	fection:
102, 201	signed hen ple	ury, or	z	PART 2 OF HER SIGN	NIFICANT CONDIT	ions <u>c</u>	ONTRIBUTING TO DE	AGUI	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDI	TION GIVEN IN PA	RT 1(a) t
RECORDS,	reen or T. T	, i	CERTIFICATION	190 DATE OF OPERA	TION TIO	L COND	OITION FOR WHICH O	DEDATIO	NAME DEDECTORALED	200 AUTOPSY?	70b. IF YES, WERE F	INIDINICEUED
REC	an. has be	vs any	FICA	190 DATE OF OPERA	1014	B COND	MION FOR WHICH O	PERATIO	N WAS PERFORMED		IN CERTIFYING CA	USES OF DEATH?
LAL	E O O O O	shows	RT	21a. ACCIDENT WAS UNE	SERVICE CO.	Y TIME C	OF INJURY		Tal- How believes of the	YES NO	YES 🗌	но 🗆
DIVISION OF VIT	SICIAN: The physicial certificate rial-transit ental Hygin			OR CONTRIBUTING	had .		M. MONTH DAY	YEAR	1211. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN HEM 18, PART I OR PA	.R1 2)
0	SICIA ng pl certif certif tental	Fea	MEDICAL	(IF EITHER, NOTIFY MEDIC			.M.	19				
Sio	PHY endi	opa	WED	21d INJURY OCCUR	1/4		OF INJURY REET, FACTORY, OFFICE, FAR	M, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNT	TY STATE
N	fer of the	orke		AT WORK	RK L				1	-	- 00	
	R: A	is a		220.1 certify that		ended th	ne deceased from	4	19/1		19/	, that (we) last
	ATTE aspirto ECTO d for	5		saw the decease abave, (I) (we) (c	ed alive an	the body	after death.	, 0	nd that in (pr) (our) opinion	death occurred on the date	e and hour and from	m the causes stated
	OR A le has DiRE Dept.	Hen		225 SIGNATURE		1	1-		DEGREE	MAD VIEW	. / /	DATE SIGNED
	Al Deto	¥ :		wang	elive	1	, arcia	·	D . ATTENDING PHYSICIAN [MEDICAL STAFF		-15-19
	HOSPITAL ined by th FUNERAL old be deta	Z	-3	224 PHYSICIAN'S	AME (TYPE OR PRINT)			b 126	22e ADDRESS		1 31	1 ,
	FUr Fur the	MPORTANI	10	EVAN	GELI	NE	- GHP	CIK	+ ESHC	Cam	.budg-	e Med.
	retain TO F shoul	<u>×</u>	23a I	BURIAL, CREMATION	REMOVAL 23h	DATE	23: NA	ME OF C	EMETERY OR CREMATORY	23d. LOCATION	-	
	BP		(SPECIFY			The state of the state of		Dlive /	CITY OR TOWN	COUNTY	STATE
			24. FI	Buria UNERAL DIRECTOR	2/2	0-1	9-79 M	L. A	25 d DIA	Felton	Kent b REGISTRAR'S SIG	GNATURE
	DHMH - 16 50M 7/ (VR A 15 (4))	77	9	STONE /	30ml	ans	Joseph Joseph	not	rose HU	G ~ T 13/3	The state of the	- Cushy

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1		STATE OF MARYLAND	0.0	e 0
	FOR DEPARTME	ENT OF HEALTH AND MENTAL HYG	ENE 9 2 U	50
	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	
1.1	DECEASED NAME FIRST MIDDLE TYPE OR PRINT)	LAST	20. DATE OF DEATH MONTH DAY	YEAR 2b. HOUR
9 4	ADELIA (DELIA) JAHE (COLLBOURN	8 1	79 5 AM
3.	SEX 4 RACE	5. DATE OF BIRTH		INDER I YEAR IF UNDER 24 HRS
Softe	Lemale white	MONTH DAY YEAR	93 YRS MON	THS DAYS HOURS MIN.
e/ / 70	BIRTHPLACE STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF	DEATH
5 / L		WIDOWED DIVORCED	Dorchester	MD
PO 10	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION		126. KIND OF BUSINESS OR INDUSTRY
9/	Cambridge Cambridge Horses	e messing center.	House wife	DUN HOME
130	SUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, ONE RESIDENCE BEFORE A 10. STATE 136. COUNTY 138. CITY OR TOWN	DMISSION) 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	
6/1		Leurs YES M NO M	Rt 3, But 396	
100	FATHER'S NAME FIRST MIDDLE LAST	15. MOTHER'S MAIDEN NAM	MIDDLE	LAST
(8.)6	CURTISN - WHEATLE	X KEBECCA A	ANN PAYHE WI	HEATEN
medico 160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURE (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	DONO. 17 INFORMANT	ADDRESS	ma'
a d	111 NO cont - 1221-12-0	126 Richard Coul	bourne Rt 2, Boy 396	
nt, th	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY:	(c) Q	o on out	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eve	IMMEDIATE CAUSE (0)	Jangen of	N good	
mati	4439 DUE TO, OR AS A CONSEQUEN		escular Diseas	2
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3 ≤ 23	(STAIFY)	ME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN COL	UNTY STATE
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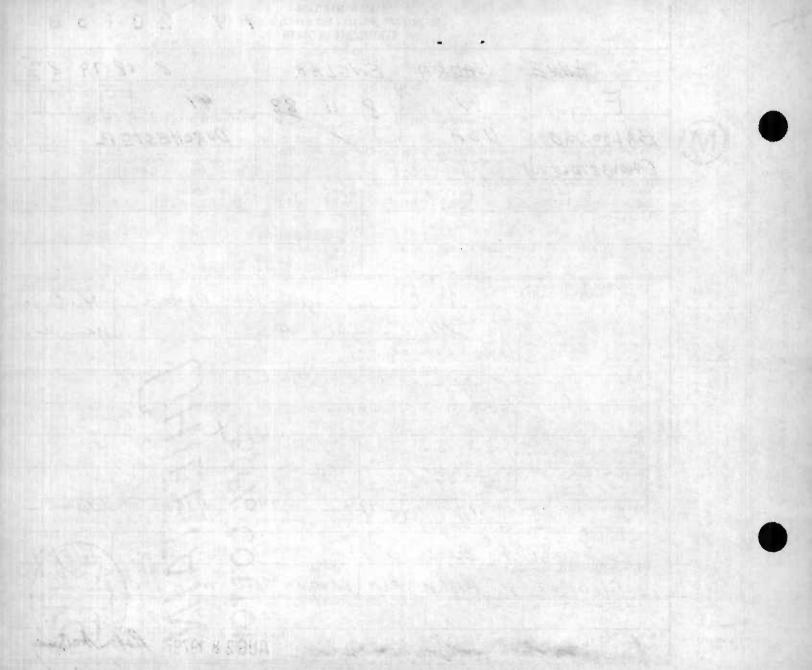
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STATE OF MARYLAND

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page 3	(117)	ORPRINT) ANNZ	E LAURA	E	NGLAR		8	1879	8 to M
4 mo	3 SE	×	4 RACE	5 DATE	OF BIRTH H DAY YEAR		YEARS LAST BIRTHDAY)		HOURS MIN.
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	70. B	RTHPLACE ISTATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTS	MARRIE	D NEVER MARRIED	U 1	ORE CITY OR COU	NTY OF DEATH	
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13 /	6	THAMBRIDGE N	(IF NOT IN SUCH FACILITY, GIVE STI	ore Ho	ospital Ce	(TYPE OF WO	ORK FOR MOST OF WORKIN		BOSINESS OK
d be	USU 13a	AL RESIDENCE (IF NURSING HOME STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BE UNITY 134. CITY OR TO		134 INSIDE CITY LIMIT	S? 13e STREE	TADDRESS		
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5		VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SE		17 INFORMANT	, ,	ADDRESS	11100	
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- to e		Seere	1 / Bech	ne	ATTENDIN PHYSICIA	MEDICA	STAFF	1 8/11	2/24
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STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH ITYPE OF PRIN Gore Alonza Warren 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS AST BIRTHDAY) 11 1904 74 White Oct. Male O. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED U.S. Marvland Dorchester WIDOWED [II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Dorchester Genl. Hospital INDUSTRY Ret Mechanic Cambridge ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? Dor. 13e STREET ADDRESS Cambridge Md. YES 1316 Rainbow Avenue 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Moore ETla MIDDLE Gore James 131655 Rainbow Ave. . BALTIMORE 16b SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-12-6268 Mrs.Emma M.Gore, Cambridge, Md., MO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) of prostate PART I DEATH WAS CAUSED BY PRESTON ST Conditions, if ony, which gove rise to immediate couse to. stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? above Nac YES T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on Aug above, (|) (1) (did) (did at a view the body and that in (my) (our) opinion death occurred on the date and hour and from the causes stated view the body ofter debth 22c. DATE SIGNED Th SIGNATURE DEGREE ATTENDING * FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS d b 23a BURIAL, CREMATION, REMOVAL (SPECIFY) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Aug. 25, 1979 East New Market Cem., East New Mkt., Dor. Md Burial 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 60M 1/75 Lever Malhal (VR A 15 (4)) Thomas Funeral Home, Cambridge, Md.

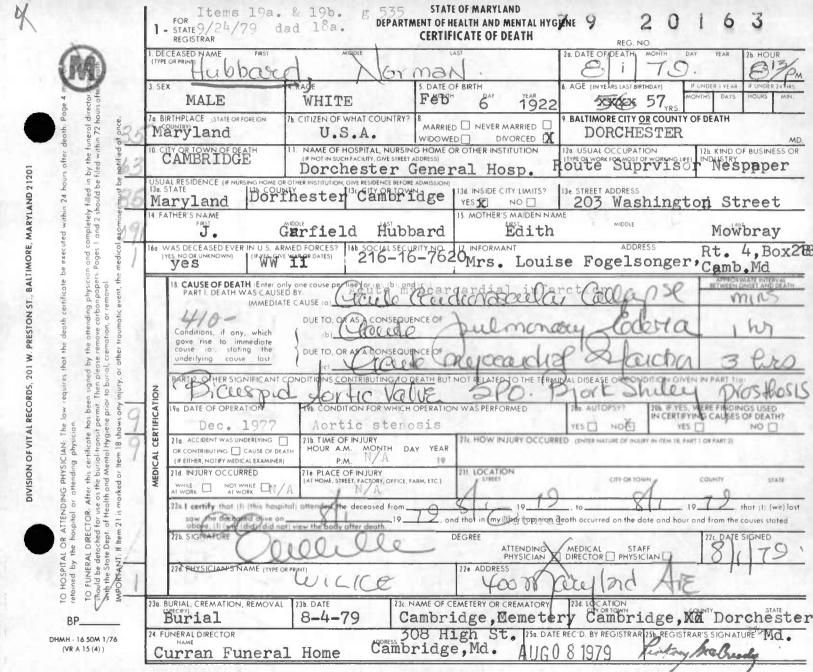
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sctor, psi	3 SE	female	cau.	S. DATE C	• 10°, 1888	6. AGE (IN YEARS LAST BIRT		INDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
35 ance	7a. B	irthplace (state or foreign outry) Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIEI WIDOWE	□ NEVER MARRIED □ □ NEVER MARRIED □ □ DIVORCED □	9 BALTIMORE CITY O	_	DEATH	м
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exomine 19	14. F/	Frank	Booze		15. MOTHER'S MAIDEN NA. Cordeli	La		Ruan	k
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ar other troumotic eve	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) BRONCHO PN EUMON; Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF CONTRACTOR OF CONTRAC								walk
ows ony injury.	CERTIFICATION	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO 1			200 AUTOPSY? YES NO	20b. IF YES, WIN CERTIFYIN	ERE FINDIN	NGS USED
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<u> </u>		BURIAL, CREMATION, REMOVAL (SPECIFY)	Aug.23,1979	Dorc		. Fk . Cambri	dge, 🖔	orche	ester, N
//77		uneral director Curran Funera	Cambral Home, 308 H	ridge ligh	· MO · hilo	E REC'D. BY REGISTRAR 2 9 1979	25 REGISTRA	R'S SIGNAT	URE

STATE OF MARYLAND

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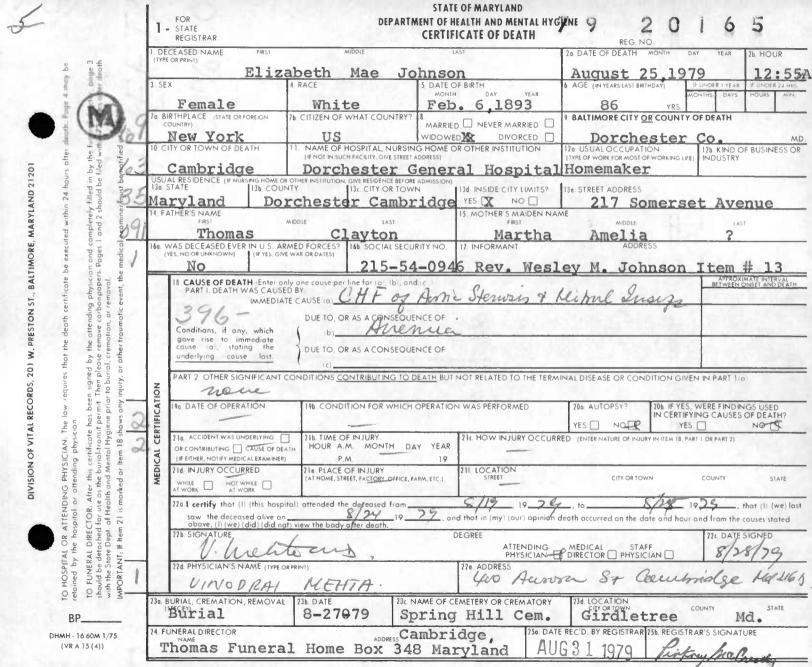
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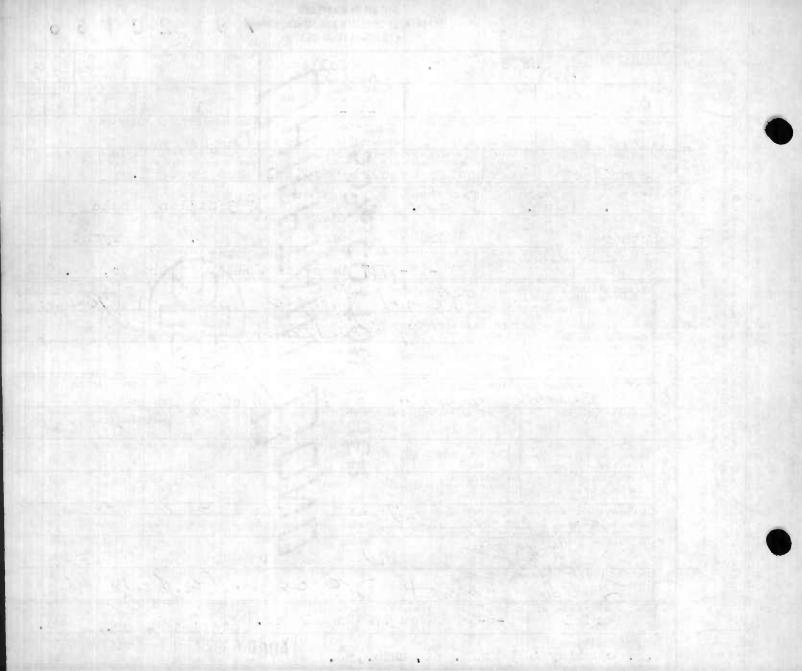
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3 S		4 RACE White	5. DATE OF BIRTH Dec. 25,1902	6 AGE (IN YEARS LAST BIRTHDAY) 76 YRS.	IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS
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the medico	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVI	COTAD OD DATES	7365 Phillip A	. Hughes , Cambri	dge,Md.,
r injury, or ather tro			DEATH BUT NOT RELATED TO THE TER	minal disease or condition Giv	
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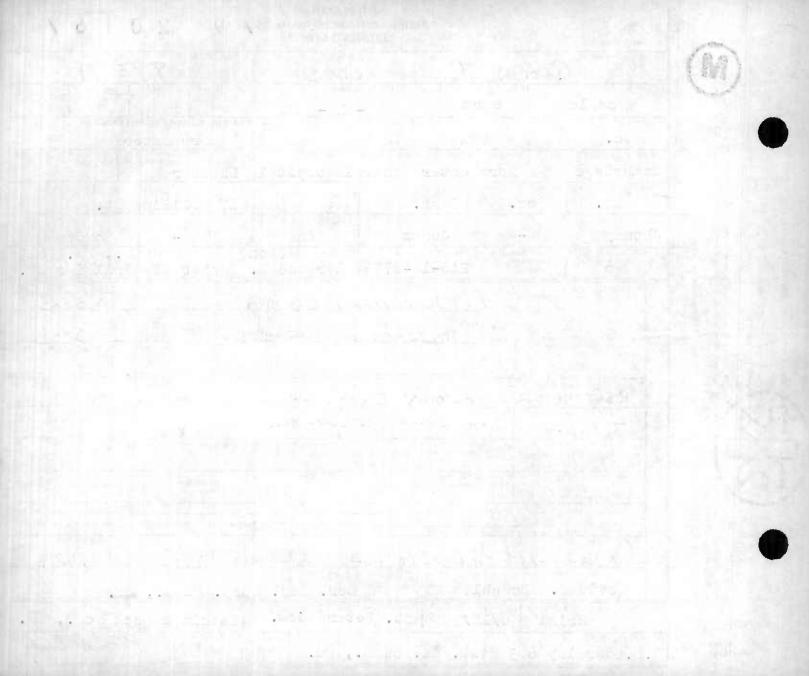


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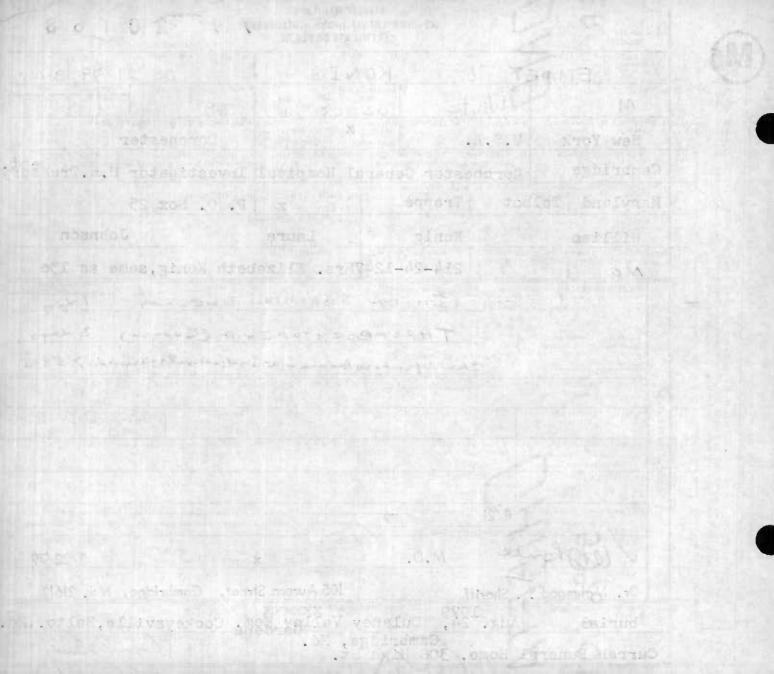
1		STATE OF MARYLAND	
1	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL H	REG. NO.
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Ja of once.		S DATE OF BIRTH) MONTH DAY YEAR 8-30-1897	6 AGE (IN YEARS LAST BIRTHDAY) 8 1 YRS.
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exomine 14	FATHER'S NAME FIRST MIDDLE Luther	Ward Wary	E. Bryant
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them 21 is morked	22a. I certify that (I) (this hospital) attended the constraint of	1979 and that in (my) (our) opini	, to 8-19, that (I) (we) lost ion death occurred on the date and hour and from the causes stated
*	224. PHYSICIANISTY AME (TYPES PRINT)	MD ATTENDING PHYSICIAN 220 ADDRESS	
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	BURIAL, CREMATION, REMOVAL 236, DATE 8-6-	79 Vaughn Chapel Ce	om. Oldfield Dor. Md.
M 24	L.H. Boardley 603 Was	sh. St. Camb., Md.	DATE REC'S BY SEGISTRAR 251 HEGICRAR'S SIGNATURE



	1,	FOR • STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE 9 2 0 1 6 7						
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n and ca	16a \	VAS DECEASED EVER IN U.S., VES, NO ORUNKNOWN) (IF YES, C		LL SECURITY NO.	17 INFORMANT (Clarence	Son) ADDRESS	Camb., Md.2161 17 Phillips St		
e death certificate e attending physici move carbonpaper ration, ar removal. traumatic event, th	CERTIFICATION	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate							
The low requires that it from. I have been signed by the permit Then please regione prior to buriol, creations ony injury, or other		RIGHT UPPE 190 DATE OF OPERATION 7/30/79	196 CONDITION FOR RIGHT UP	NG TO DEATH BUT	NAYS PRIORED LUNG MAS	YES NO NO	ON IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO NO		
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L OR ATTENDING the hospital or of DIRECTOR: After rached for use as a Dopt, of Health If Item 21 is mort		220.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did 27b/SIGNATURE	spital) attended the deceased on not view the body after death	_19	DE GREE ATTENDU	NG (MEDICAL STAFF	and hour and from the causes stated		
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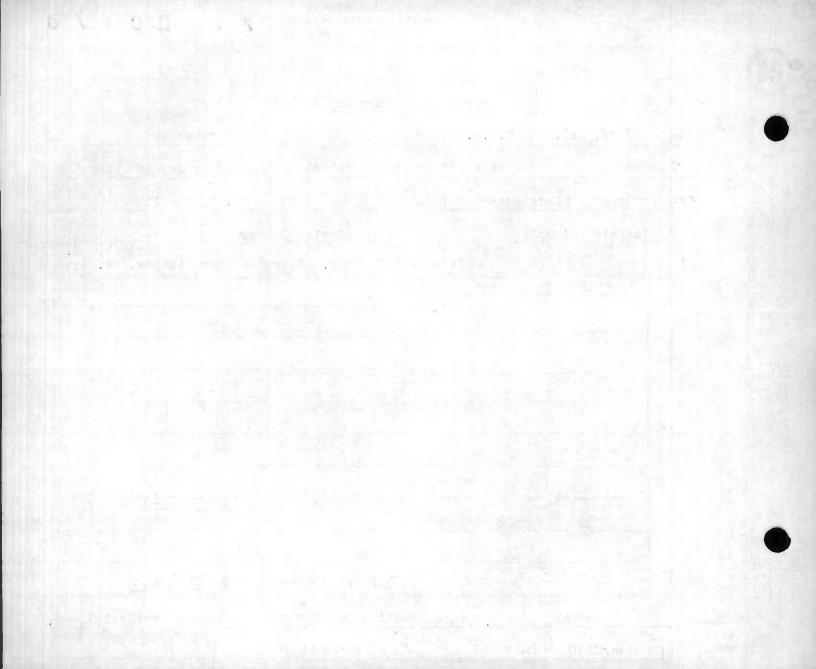
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	1 16	I. WAS DECEASED EVER IN U.S. AF	E WAR OR DATES	SOCIAL SECURITY N		ADDR			ALYSE.
BALTIMORI ote be exec ysicion ond ppers. Poges vol.	1	NO	2	214-24-12	247Mrs. Eliz	abeth Koni	g, same		
BAL core core operion of the the	Г	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE	nly one cause per line		4.0				MATE INTERVAL DISET AND DEATH
ST., ertifu g ph son p remo			TE CAUSE (o)	INTR	+ ABDIMIN	ar bree	114	10	lary
he death c ne attendin emave cark matian, or		2847	DUE TO, OR AS	A CONSEQUENCE)F	- 18-		2 .	1-
RES degradant		Conditions, if any, which gove rise to immediate	(b)	1 HON	BOCYTOPE	JAIA (20	vara	20	د م
W. or the		cause (0), stating the underlying cause lost	the Due to, or as a consequence of						
RDS, 201 squires the signed by Then pleo to buriol, injury, or or		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTI	RIBUTING TO DEATH	BUT NOT RELATED TO THE TE	rminal disease or con	DITION GIVEN I	N PART 1(a	
RECORDS, low requir so been sig ermit Then er prior to b		19a DATE OF OPERATION	196 CONDITION	N FOR WHICH OPER	TION WAS PERFORMED	200 AUTOPSY?	20b IF YES, WI	ERE FINDIN	GS USED
						YES NO	YES []	NO 🗌
F VITA AN: The Answer of the A	41	OR CONTRIBUTION CAUCE OF OF			21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1	OR PART 2)	
PHYSICIAN: PHYSICIAN: anding phys this certifica this certifica did Mentol Hy dor Item 18		(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.		19				
ke prince of Keep Pri		21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF II (AT HOME, STREET, F	NJURY FACTORY, OFFICE, FARM, ET	21f LOCATION STREET	CITY OR TO	WN (COUNTY	STATE
A So E		22a I certify that (I) (this hasp	ital) aperting the de	ceased fram 79	. 19	, to	, 19_		that (I) (we) lost
R ATTEN hospitol RECTOR eed for up ppt. of He			Tiview the body after	death.	, and that in (my) (our) opinio	on death occurred on the d	ote and hour on		
OR ho		27h SIGNATURE	12	11 0	DEGREE ATTENDING	MEDICAL STA	FF	22c. DATE S	
by the by the VERAL Stote deta		v (al gran		M.D.	PHYSICIAN	DIRECTOR PHYSIC	CIAN	8/:	22/79
HOSPITAL ned by the FUNERAL JID be det of the Stote		THE PHYSICIAN'S NAME (TYPE			22e ADDRESS				
O HOSI		Dr. Mahmood	S. Shariff			Street, Cam	bridge,	Md. 2	:1613
	2.	BURIAL, CREMATION, REMOVAL	19,	79 231. NAME	OF CEMETERY OF CREMATOR	23d. LOCATION CITY OR TOWN	cou	NTY D = 3	STATE NO. 2
BP	2	(SPECIFY) burial FUNERAL DIRECTOR	Aug. 24	,	Jar C		VSV1116		Lto., Md
DHMH - 16 50M 7/77 (VR A 15 (4))	1	Curran Funera	al Home,	Cambri 308 Hig	dge, Md. Al	JG 2 9 1979	Linkrey,		



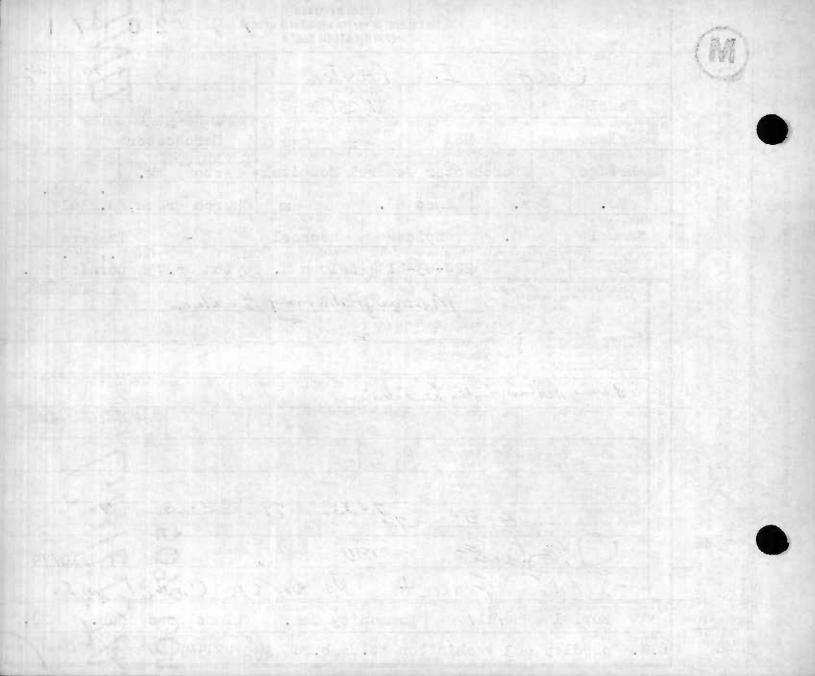
	10	em 2 8222 9/20/			E OF MARYLAND				
		FOR STATE			EALTH AND MENTA		2 0	6	9
- 4.75		REGISTRAR	WED		R'S CERTIFICATE	OF DEATH	REG. NO.		
		CEASED NAME FAST		WIDDLE	LAST	20. DATE	KNOWN X MO	NTH DAY YEAR	26. HOUR
That I	(1)	Rosa	7:0	Moolford	Linthicu	DEATH	MATED AU	ig. 27 1979	AA
一個の 日本	3. SEX		5. DATE OF BIRTH	- O & AGE (IN YEAR	IS IF UNDER 1 YR. IF UND	DER 24 HRS. 2c. DATE	NOM	YTH DAY YEAR	7.30
2007	P	emale White	MONTH DAY	//		MIN PRONOUN	ICED 8/	27/7919	7830
Store		RIMPLACE ISSAILOR	June 21	ALCOUNTRY?		- 9 BALTIA		OUNTY OF DEATH	M
# 2 E # 3 C		REKSH COUNTRY)			MARRIED NEVER MA	RRIED	_		
2 " 3 -		TY OR TOWN OF DEATH	U. NAME OF HOSE		OR OTHER INSTITUTION	DRCED LISTAL OCCU	ATChest	ORK TIZE. KIND OF B	MD.
SHOULD BE FIED SHOULD BE FIED I RECORDS SOLV			(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRESS)		FOR MOST OF WOL	KING LIFE)	OR INDUST	IRY
H 10/0	C	Ambridge LESSIDENCE (IF IN NURSING HOME	Cambrid	lge House	Nursing Cer	nterHomam	aker		
10035 10035	13a S	TATE 13b. COUN	OR OTHER INSTITUTION, GIV	13c. CITY OR TOWN	N) 13d. INSIDE CITY LIMITS	13e. STREET ADDRI	SS		
200		Md. I	Dor.	Cambrida	YES NO	O 8 BA	llview	Aug	
IAI .	14. F/	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MA	IDEN NAME	NIDDLE	LAST	
Thousand		Lee	B.	Woolford	Emm		187		
0 1	16a. V	VAS DECEASED EVER IN U.S. AF	RMED FORCES?	166. SOCIAL SECURITY	NO. 17. INFORMANT		ADDRESS	Course	
DIVISION	(1)		-32-9937	220 22 0	027 5			nticoke	Dr.
2		18. CAUSE OF DEATH (Enter or			937 Donald	L.Richar	dson,Ca		E INTERVAL
		PART I DEATH WAS CAUSE	ED BY:	Coron er	y occlusion	1		BETWEEN ONS	
GIENE.		1110 IMMEDIA	ATE CAUSE (a)	AS A CONSEQUENCE O		-		Few	min
UD MENTAL HYGIENE, D		Canditions, if pny, which		AS A CONSEQUENCE O					
REMOVAL		gave rise to immediate	le (b)						
- REN		cause (D) stating the <u>under</u> lying cause last.	DUE TO, OR	AS A CONSEQUENCE O	F				
O,		7	(c)						
CREMATION, O	7	PART 2 OTHER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMIN	IAL DISEASE OR CONDITION GIVEN II	PART 1 (a).			
- E	CERTIFICATION	19g, DATE OF OPERATION	LIST CONDIT	ION FOR WHICH OPERA	TION WAS PERFORMED?			20. AUTOPSY	10
Z 4 6 7	2	IN. DATE OF OFERATION	148. CONDIT	ION FOR WHICH OPERA	THOM WAS PERFORMED:				
PRIOR TO BURIAL	1 🖺				Y		375	YES 🗆	NOX
3	2	210. EXTERNAL CAUSE WAS	21b. TIME OF HOUR A.M.	MONTH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 (OR PART 2]	
R TC	3	UNDERLYING OR CONTRIBUTING CAUSE OF		19	h E				
2	MEDICAL	21d. INJURY OCCURRED		FINJURY (AT HOME, DRY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	>	AT WORK AT WORK		201, 1200, 216.	0.000	CIT ON TO		COUNTY	017112
21201 P				7 () -) - (🗆 .	ction Inquiry	and in m		
9		220. I certify that I taak char				7		ny apinian	
<u> </u>		death resulted fram: Natu	ural causes 🔣 ,	Accident L., Suic	ide 🔲 , Hamicide 🗀	Undetermined m	anner,		
AR.	1	ACTUAL (/	2-	1	TITLE (SPECIFY)	D	ATE 9/09	/70
T 3 -	1	SIGNATURE	mille	A	M.D.Deputy	MEDICAL EXAM	AINER SI	ATE 8/28/	19
AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 212		EXAMINER'S DAME JO	ohn Mace	Jr.	ADDRESS	ambridge,	Md.		
BA	230.B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEM	ETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	Chumah	Greek, D	or Md
	(3	Burial	Aug. 30.1	979 Old Tr	cinity Chur	Chuand	Church	DECCK, D	, 110
17	24. FI	JNERAL DIRECTOR			Cinity Chur	TE RECD. BY RECHSTR	R 256 REGISTRA	R'S SIGNATURE	Breedy
5))		Thomas Fune	ral Hôme	, Cambridg	e,Md.	SEP 5	3/3	777	- Series
73			All the second second second	-					

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1	1	FOR		DEDADT		E OF MARYLAND HEALTH AND MENTAL HYO	illie O	0 0	170
4.	1.	STATE REGISTRAR		DEFARIT		FICATE OF DEATH	REG N	2 0	1 / 4
Ma see		CEASED NAME FIRST SAMU	cel	W. R	ich	ols Sc.	20 DATE OF DEATH	MONTH DAY	YEAR 26. HOUR 20 am
ge 4 nector, poor	3 SE	X	4 RACE		MONT	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF I	INDER : YEAR IF UNDER 24 HRS
oge .		Male IRTHPLACE STATE OR FOREIGN	Neg	WHAT COUNTRY?	Febr	ruary 1, 1917	62	YRS.	
funeral of thin 72 h	S	eaford, Del.	Uls.A		WIDOW		9 BALTIMORE CITY O	er	MD
ofte d w	Ca	TY OR TOWN OF DEATH mbridge	Dorche	ster Gene	address)	or other institution lospital	120 USUAL OCCUPATION OF TOOL PROPERTY OF WORK FOR MOST OF TOOL PROPERTY OF THE PROPERTY OF T	F WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY Canning
212 how be	130	AL RESIDENCE (IF NURSING HOME STATE 13b. CO ryland Don	OR OTHER INSTITUTION UNITY Chester	I GIVE RESIDENCE BEFORE I 13c CITY OR TOW Hurlock	e admission) 'N	13d INSIDE CITY LIMITS? YES NO 📉	13e STREET ADDRESS Rt. 1, Box	16	
E, MARYLAND uted within 24 completely filler I and 2 should	11	THER'S NAME FIRST Infield Nicho	MIDDLE	LAST		15 MOTHER'S MAIDEN NA FIRST Lizzie Copt	# MIDDLE	N. P.	LAST
BALTIMORE,		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES, (ARMED FORCES? GIVE WAR OR DATES)	215-16-8		17 INFORMANT	ADDRE	hols, F	k, Md. 21643 Rt. 1, Box 16
RESTON ST., e deoth certific e otherding phy move corbonpy notion, or remo	ss ony injury, or other froumotic event,	53/5 Conditions, if ony, which gove rise to immediate	IATE CAUSE (o)	PEFEIS NORAS A CONSEQUE	ENCE OF	gestric i	ulcet		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ECORDS, 201 W. ow requires that if been signed by if mut. Then please in prior to burnol, circ ony injury, or othe		couse Io), storing the underlying couse lost PART 2 OTHER SIGNIFICAN COPD. Cut 19a DATE OF OPERATION	T CONDITIONS C	ncle. P	DEATH BUT		D	206. IF YES, W	ERE FINDINGS USED G CAUSES OF DEATH?
DN OF VITAL IYSICIAN: The ding physicion is certificate h bornol-tronsis is Mental Hygies		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		.M. MONTH D	AY YEAR	21c HOW INJURY OCCUR		_	
DIVISION OF VITAL R. DING PHYSICIAN: The la or ortending physicion. After this certificote hos e os the busici-tronsis per oith and Aental Hygene morked or tem 18 shows	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	.M. OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TOW	VN	COUNTY STATE
TOR: or us		22a.1 certify that (I) (this has sow the deceased alive above, (f) (we) (did) (did	on tiew the body	he deceased from 19	79.0	nd that in (my) (our) opinion	deoth occurred on the do	ote and hour or	
OR he		226. SIGNATURE COLD +	Dare	C 7U	M	DEGREE ATTENDING PHYSICIAN (MEDICAL STAP	FF IAN []	8. 28.75
TO HOSPITAL (retained by the TO FUNERAL Should be deto with the Store LIMPORTANT; If		CAPILUS F	BAB	2,050	מרו	HURIBER		543	
BP	(BURIAL, CREMATION, REMOV SPECIFY) Burial	Sept.1	83.		ton Cemetery	Hurlock,	Dorche	ster, Md.
DHMH - 16 60M 1/75 (VR A 15 (4))	24 E	RAMPTOM H	AW 14NS	ADDRESS	FAF	RALSBURGSEF	E REC'D. BY REGISTRAR	256. REGISTRA	SSIGNATURE



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		paunos are sas		
1000				
	10.4			

DHMH - 16 50M 7/77 (VR A 15 (4))

FRAME COMPTO

	FOR - STATE	DEPARTN	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIPNE 9 2 (173
7	REGISTRAR I. DECEASED NAME FIRS	T MIDDLE	LAST	REG. NO.	
	(TYPE OR PRINT)		C	26. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		SIE M	>milh	. % -	25-19 7 AM
	3 SEX		S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	Female	Negro	August 12, 1920	59 YRS	
1	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
/	North Carolin		WIDOWED DIVORCED DIVORCED	Dorchester	MD.
TI	Cambridge	(IF NOT IN SUCH FACILITY, GIVE STREET A Dorchester Gener	ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Laborer	12b. KIND OF BUSINESS OR INDUSTRY Agriculture
-	13a STATE 13b (OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE COUNTY 134 CITY OR TOWN Orchester Hurlock		13e STREET ADDRESS Pickletown Rose	ıd
1	14. FATHER'S NAME FIRST Unknown	MIDDLE LAST	15. MOTHER'S MAIDEN NA FIRST Unk	ME MIDDLE	LAST
11	160 WAS DECEASED EVER IN U.S	S. ARMED FORCES? 166 SOCIAL SECUI	RITY NO. 17 INFORMANT	ADDRESS	
	(YES, NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES]	Mrs. Mary Co	ephas, Box 373,	Hurlock, Maryland
A COLUMN TO SECOND		DUE TO, OR AS A CONSEQUE	NCE OF Chemic Ale	Tholan- MINAL DISEASE OR CONDITION O	SIVEN IN PART 1(0)
1	TIG. ACCORNI WAS UNDERSTON	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
	OR CONTRIBUTING CAUSE OF THE EITHER, HOTHER MEDICAL EXAM	HOUR A.M. MONTH DA	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM)	
	THE INJURY OCCURRED WHILE NOT WHAT C	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	CITY OR TOWN	COUNTY STATE
	22s.1 certify that (I) (this saw the deceased all above, (I) (we settled above, 12s.5) (CREATURE)	in an	9 ond that in (my) (our) opinion DEGREE	death occurred on the date and h	19 7, that (I) (we) lost nour and from the causes stated
ń		HATE .	ATTENDING PHYSICIAN I	MEDICAL STAFF DIRECTOR PHYSICIAN	
1	274 PHYSICIAN'S NAME ,	win Fresett	220. ADDRESS PO. 760, 570	(d . V .	nd 21413
	230 BURIAL, CREMATION, REMO (SPECIFY) Burial		hns Cemetery or CREMATORY	23d. LOCATION CITY OR TOWN Preston, Caro	county State
	24 FUNERAL DIRECTOR	address	1105 0 mg 25 SPA	TEREC'D. BY REGISTRAR 255 REG	

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TO THE REAL PROPERTY.		2015
and the same of th	as and to	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	D.		•
	CEASED NAME OR PRINT)	Emily		W.	Sul	L 1 y	2a DA	August		1979	26 HOUR 0550
3 SE	femal		whit	e	S. DATE C	24 ^{AY} 191'5		(IN YEARS LAST BIRT		MONTHS DAYS	
	N.Y.	OR FOREIGN 76	U.S.	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIES		Dorch	_		M
10 CI	Cambri		NAME OF OFCHE	HOSPITAL, NURSIN CHEACILITY, GIVE STREET A STET GET	G HOME C ADDRESS) HO	OR OTHER INSTITUTIO	(TYPE QF	UAL OCCUPATION OF THE NORTH PARTY OF THE NORTH PART	F WORKING LIFE	126 KIND (INDUSTRY	OF BUSINESS OF
13a S	Md.	nursing home or of 134 COUNTY DO	1	GIVE RESIDENCE BEFORE 13c CITY OR TOWN Cambr	N	13d INSIDE CITY LIM	ITS? 130 STR	eet address)5 Gler	burn	Ave.	
1	THER'S NAME FIRST Kenneli	n	DDLE	Winslow		IS MOTHER'S MAIDE FIRST Emily		Hone	Q.		ster
	VAS DECEASED E YES, NO OR UNKNOWN	VER IN U.S. ARME I) I IF YES, GIVE W		088-09-		Mr. W.Le	eslie S	ADDRE Sully	205 Camb	Glenb ridge	urn Ave
NO	Canditians, if gave rise to cause o', s underlying co	immediate tating the ause lost	DUE TO, O	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE	E TERMINAL DIS	SEASE OR COND	DITION GIVE	EN IN PART 1	(a)
CERTIFICATION	19a DATE OF OP	- //-	196 COND	11-12-	OPERATIO	N WAS PERFORMED	20a /	AUTOPSY?	20b. IF YES. IN CERTIFY	-	NGS USED S OF DEATH?
	21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE-OF DEATH	1	DF INJURY .M. _MON TH DA .M.	Y YEAR	21c. HOW INJURY O	CCURRED (ENT	ER NATURE OF INJUR	Y IN ITEM 18, PA	ART 1 OR PART 2)	
MEDI	OK CONTRIBUTING CAUSE OF THE FIRST CONTRIBUTION OF THE FIRST CONTRIBUTION OF THE PROPERTY OF T		21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET		CITY OR TOW	'n	COUNTY	STATE
	sow the dec	t (l) (this hospital leased alive on le) (did) (did not) v		ne deceased from	75 , or	d that in (my) (our) op	pinion death oc	curred an the do	te and hour		that (I) (we) last causes stated
	22b. SIGNATURE	wetr	4			DE GREE ATTENDI PHYSICI		CAL STAF		8/2	SIGNED
	U CWC	NAME ITYPE OR PE	alter	TH		22e ADDRESS	Am	S2.	0	auch	esi

TO FUNERAL DIRECTOR:

should be detoched for use os the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bi

etoined by the hospital or attending physicia

DHMH - 16 60M 1/75 (VRA 15(4))

23a BURIAL CREMATION REMOVAL (SPECIFY) 8/31/79

23c NAME OF CEMETERY OR CREMATORY St.Marys Episcopal Churchyard

23d LOCATION CITY OR TOWN MONTOE

COUNTY

N.Y.

74 FUNERAL DIRECTOR
NAME
Thomas Funeral Home Cambridge Md.

23b. DATE

. obs manument 1508 Lor and melant most firmer has been